

VSH Futures Advisory Committee

September 18, 2006 2:00 – 4:30 PM

Minutes

Next meeting: October 16, 2006 2:00 to 4:30 PM Stanley 100, Waterbury

Present

Advisory Committee Members: Jeff Rothenberg, CMC; Larry Thomson, VSH; JoEllen Swaine, VSH; Jack McCullough, MHLF; Sally Parris; Linda Corey, VPS; Ed Paquin, VP&A; Kitty Gallagher, Adult Standing Committee; Conor Casey, VSEA; Michael Hartman, WCMH; David Fassler, VPA; Julie Tessler for Paul Dupre, Vermont Council; Jill Olson, VAHHS; Xenia Williams, peer/WCMH; Sandra Steingard, HCHS.

Guests:

Gail Rushford, AHS Personnel; Terry Rowe, VSH; Diana Scalise, FAHC; Mike Kuhn, BGS; Bruce Spector, BISHCA; Anne Donahue, Counterpoint/MHOC; Goldie Watson, VSH.

Staff:

VDH Acting Commissioner Sharon Moffatt; AHS Deputy Secretary Steve Gold; Beth Tanzman and Judy Rosenstreich, VDH/DMH.

Acting Commissioner of Health, Sharon Moffatt, opened the meeting, sharing that Deputy Secretary Steve Gold was acting in AHS Secretary Cindy LaWare's place while she is on medical leave.

VSH Employees Work Group Report

Gail Rushford, speaking on behalf of the work group, gave a detailed overview of the report. Goldie Watson joined Gail in commenting on its recommendations from the perspective of VSH employees. Major elements presented were:

- Options for transitioning current VSH staff to new inpatient care program(s)
- Public, private and public/private partnership models of staffing
- Legislative direction in FY 2007 Capital Bill to identify ways for current qualified VSH staff to maintain their status and contractual benefits as state employees
- Training, licensure, transportation, reemployment, and other staff considerations
- Psychiatric technicians' role in state hospital and ways to retain valuable workforce
- Recommendations of the 3 most preferred options--

- 1st Public sector model—the State holds the license and owns/operates the inpatient care services
- 2nd Public senior management and workforce operating under a license held by a private entity
- 3rd Public workforce/private senior management under license held by private entity

DISCUSSION OF VSH EMPLOYEES REPORT

Questions and comments concerning the differentiation between the 2nd and 3rd models:

- If nurses and other direct care staff would be state employees, what job positions would be held by the private entity? (Sandy Steingard)

RESPONSE: Gail explained that quality improvement, risk management and other positions needed to protect the license would be held by the private entity with public sector employment for the primary workforce.

Top-level management would be private employees in Option 3.

- In Options 2 and 3, whoever holds the license will make the decisions. Creative partnerships may work given people currently in place. In 15-20 years, what happens if the facility no longer makes sense to the private hospital? The structure is most important. (David Fassler)

RESPONSE: Gail responded that this is the same issue we would have under privatization of services.

- What is the connection between the work of the VSH Employees Work Group and the work that the State is now doing with the hospitals? (Jill Olson)

RESPONSE: Beth referred back to the due diligence called for in the Capital Bill and the challenge of sequencing that runs through the Futures project. In regard to licensing, staffing and governance, we are asked for a level of certainty which is not possible to provide at this stage.

- Are these recommendations compatible or incompatible with establishing a primary inpatient program at Fletcher Allen? Have you thought of how these options relate to Fletcher Allen? (Jack McCullough)
- Did the work group consider grandfathering current employees vs. developing a permanent staff structure? (Julie Tessler)

RESPONSE: Gail stated that it was brought up but did not rise to the level of a preferred outcome.

- Clear examples of Options 2 and 3 would be helpful. (Jeff Rothenberg)

Questions and comments concerning the public model, Option 1:

- Concerning the 1st option, a public sector model would require 16 public hospital units because of the IMD issue. (Jeff Rothenberg)

RESPONSE: Conor acknowledged that there are many uncertainties. If Fletcher Allen is the partner, the work group did not know whether they would hire state employees.

Conor also stated his own view that operational costs at a general hospital would be much greater than at a state facility; the cost savings of a state-owned and state-run hospital like VSH would offset the IMD status.

- It seems like Option 1 is not on the table. Given Fletcher Allen's potential role, it is hard to envision this as a public facility. How does the employees' work group want to see the care system evolve? (Michael Hartman)

RESPONSE: Gail stated that it was not the charge of the work group to address the broad care system issues. David suggested that Option 1 is very much on the table as there could be a new building on the Fletcher Allen campus that could be licensed by the State.

Questions and comments concerning what parallels may exist with the closing of Brandon Training School in 1993:

- What happened to Brandon Training School employees? (Linda Corey)

RESPONSE: Gail explained that BTS was an incremental closure. They developed community placements in lieu of creating a new facility. Linda added that two units at BTS were transferred to VSH but workers were not transferred. Larry Thomson stated that workers had to accept jobs in other departments to maintain their status.

- If the State gave people with psychiatric disabilities who are discharged from VSH as many resources as they did for Brandon Training School residents, we could have everyone in the community. Brandon residents' ICFMR's had no more than 6 people. Let's do this for people in VSH. (Xenia Williams)

Questions and comments concerning VSH staff following patients to the community:

- The work group felt that it was important to have VSH staff follow patients to community residential recovery programs for continuity of care. (Goldie)
- It's a concern if we drain off competent staff to community positions. (Steve)
- We must maximize stability of VSH staff through staff retention. (Gail)
- The work group focused on the inpatient model of care. (Gail)

REQUESTS FOR FOLLOW-UP TO REPORT

Sandy Steingard asked how work group members voted and whether there is a record of why each member made her/his determinations. Gail indicated that the group did not document the reasons for casting each of their votes. The group having fulfilled its charge plans no more meetings.

Public Comment

Anne Donahue offered that the legislation in the Capital Bill refers to the status of negotiations with a nonstate partner and potential avenues for current qualified staff to maintain their state employment status. She stated that the work group report is not productive as a response to the legislative inquiry.

Wrap Up of Employees Report

Sharon Moffatt thanked Gail and the employees work group for their efforts over the course of 11 meetings and indicated that past history as well as more detailed planning would encompass the questions and comments from the Advisory Committee.

Fletcher Allen Site Review Presentation

Beth introduced Diana Scalise, Vice President-Planning, at Fletcher Allen Health Care, and the process of bringing together the hospital's neighbors to review the on-campus site options for a primary inpatient psychiatric program. The Burlington Site Review Group has met three times to look at 30 site considerations that must be taken into account when evaluating the feasibility of each of seven sites. Diana is bringing this information to the Advisory Committee to provide a shared understanding of the work we have done in the Burlington community.

Diana provided the committee with a summary of site considerations and a matrix listing the sites that have been identified on the Medical Center Campus. She listed the sites:

- A. ACC East
- B. South parking lot
- C. Emergency department parking lot
- D. Location of Patrick building
- E. McClure parking garage
- F. Sliding hill
- G. Health Department lab

Reviewing the matrix with the group, Diana explained the site considerations which were organized into categories:

- | | |
|-----------------------|--|
| 1 st group | How successfully can we achieve clinical integration and physical connectivity? |
| 2 nd group | Does public have easy access? Can we provide parking? What about construction logistics? |
| 3 rd group | How does this impact Fletcher Allen's site capacity for future growth? |
| 4 th group | What are the permitting considerations? How does the site conform to the understanding Fletcher Allen has with its Ward 1 neighbors? |
| 5 th group | What are the capital costs? The operating and life cycle costs? |

The goal of the site review group was to bring about a shared understanding with the community of Fletcher Allen's on-campus site options. The matrix shows how each site measures up against each consideration: + (desirable), - (undesirable), 0 (neutral), or ? (undetermined).

Julie Tessler noted that the matrix does not assign a weight to each of the considerations. She asked if some carry more weight than others. Patient care is foremost, stated Diana, and the weighting when developed will affect this.

David Fassler asked if the matrix includes moving the existing psychiatric beds to the new building. Diana indicated that this is a presumption of the matrix. David suggested that Fletcher Allen consider keeping the matrix open to a smaller number of beds---less than 40---in order to open up a wider range of site options.

Diana explained that further along in the planning process, when program parameters and costs are known, it will be possible to eliminate sites.

Xenia stressed the therapeutic advantages of private rooms and hoped that this would be a given as we plan the new inpatient program.

Mike Kuhn, principal architect for Buildings and General Services, commented that the facility would be designed to accommodate multiple acuity levels and provide optimum treatment for patients.

David suggested adding a new category to the matrix, size of the floor plate, pointing out that staffing costs for a 4-floor tower are greater than for a 2-floor program.

Public Comment

Anne Donahue added that the Shepardson units were planned as temporary space, occupying two floors instead of one. She also commented on the site review process, that it helped bring the community up to speed just as it is doing for the Advisory Committee.

Wrap Up of Site Review Discussion

Sharon Moffatt thanked Diana for sharing the background information about the site considerations and asked about next steps. Beth advised the committee on the work that has begun with Fletcher Allen to develop a concept of operations for how the new program would operate and how it would be staffed. Beth also explained that through the sequencing of our work (preliminary architectural/site analysis, program/operations, and building design) we will come to an understanding of the most important among the site considerations. Sharon indicated that she would like to invite Diana back to receive input from the committee and keep us all informed as the planning process moves forward.

Work Group Reports

Beth advised that two of the work groups, Crisis Beds and Housing Development, are preparing to share their recommendations at the Advisory Committee's October 16th meeting. The **Crisis Beds Work Group** recommendations will include how to prioritize crisis bed resources and where the needs are greatest. The **Housing Development Work Group** was tasked with recommending how new housing resources could be used to optimize the wellness of people in the community and favorably impact the VSH census.

Also on a future committee agenda will be presentation and discussion of Act 114.

The **Care Management Work Group** formally endorsed a set of principles for how clients move across the mental health services system. These principles are a work in progress. The group also is working on transportation issues and a common definition for each program in the service system.

Michael Hartman reported for the **Community Residential Recovery Work Group** which has been focused on developing Second Spring in Williamstown. Considerable progress has been made regarding the contract, lease, purchase of the Autumn Harvest Inn by the developer, plans for building renovations, and recruitment of a director.

David asked about the status of the secure residential beds component of the Futures Plan. Beth responded that she has wanted to first get a solid footing in developing a residential recovery program so now is a good time for this work group to begin picking up where they left off. Michael indicated that he will work with the group to put together information gathered earlier about secure residential.

Public Comment

Anne requested that the Board of Mental Health and the VSH Governing Body are two areas of interest for the Advisory Committee. Sharon stated that Cindy LaWare would like to be here for those two items so we will plan to accommodate her request by placing them on a later agenda.

Other Business

Linda mentioned the October 20 meeting of all the standing committees being organized by the Vermont Council. It will be at the Central Vermont Chamber in Berlin, from 11:00 to 3:00.

It also was mentioned that Nick Nichols is organizing a peer support work group and will soon call the first meeting.

The meeting adjourned at 4:30 p.m.

SUBMITTED BY: Judy Rosenstreich
jrosen@vdh.state.vt.us